

209000038401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

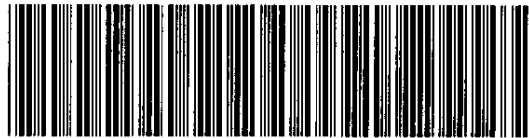
(Document Number)

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**A. LUNT**  
JUN 29 2009  
**EXAMINER**

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TALLAHASSEE, FLORIDA

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# GUTTENMACHER & BOHATCH, P.A.

ATTORNEYS AT LAW

DANIEL BENSIMON\*  
JOHN S. BOHATCH  
LUCELLY DUEÑAS  
EDWARD P. GUTTENMACHER  
KATALINA PEÑARANDA

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*LL.M. TAXATION

WEALTH PLANNING &  
TRANSACTIONAL ALLIANCE  
WITH ADAMS GALLINAR, P.A.

7301 SOUTHWEST 57TH COURT  
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2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4016

PLEASE REPLY TO:  
SOUTH MIAMI

June 23, 2009

*Via U.S. Regular Mail*  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: TRASA GROUP, LLC

To Whom It May Concern:

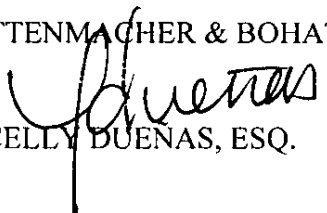
In regards to the above referenced, enclosed please find the Articles of Amendment to Articles of Organization and a check in the amount of \$25.00 representing the filing fee.

Please return the letter of acknowledgment to me in the envelope provided.

Should you have any questions, please feel free to contact me.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

  
LUCELLY DUEÑAS, ESQ.

LD/jdf  
Encl.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Trasa, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucelly Duenas  
Name of Person  
Guttenmacher & Bohatch, PA  
Firm/Company  
7301 SW 57 Ave, Suite 560  
Address  
South Miami, Florida  
City/State and Zip Code  
lduenas@gbtaxlaw.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lucelly Duenas at ( 305 ) 666-1040  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O.-Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Trasa, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 21, 2009 and assigned  
Florida document number L09000038401.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Trasa Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated \_\_\_\_\_, 2009

Signature of a member or authorized representative of a member

Alberto Nunez

Typed or printed name of signee